



# Nebraska Tax Return Copy Request

FORM  
**23**

NAME AND ADDRESS OF TAXPAYER		AUTHORIZED MAILING ADDRESS FOR RETURN	
Name		Name	
Street or Other Mailing Address		Street or Other Mailing Address	
City	State      Zip Code	City	State      Zip Code
Social Security Number	Nebraska Identification Number		
Type of Return	Tax Period or Taxable Year Beginning		

I hereby certify that I authorize the release of the above return(s), the information contained therein, and the mailing thereof.

**sign  
here** ▶

Signature of Taxpayer or Authorized Representative	Title	Date	(    ) Telephone Number
Department of Revenue Authorized Signature	Title	Date	(    ) Telephone Number

## INSTRUCTIONS

**WHO MUST FILE.** A taxpayer or authorized representative must complete Form 23 in order to obtain a copy of any tax return filed with the Nebraska Department of Revenue. No original return is available for returns filed electronically. Instead, a transcript of the return information will be provided. An authorized representative must have a power of attorney on file with the Nebraska Department of Revenue before requesting taxpayer information. A person who signs a return as preparer of the

return may request a copy of the return. Such person is considered to have a limited power of attorney with regard to the information contained on the return.

**AUTHORIZED MAILING ADDRESS.** The authorized mailing address need only be completed if the copy of the original return(s) requested is to be mailed to an address different than that of the taxpayer.

Mail this request to: **NEBRASKA DEPARTMENT OF REVENUE, P.O. BOX 94818, LINCOLN, NE 68509-4818**

7-136-1977 Rev. 1-2003 Supersedes 7-136-1977 Rev. 2-1998